

Plan of Correction

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| Program Name: New Dawn Center | Date Submitted: 04/27/2020 | Date Due: 05/27/2020 |
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| Administrative POC-1 | |
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| Rule #: 67:61:05:05 | Rule Statement: Orientation of personnel. The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items: <ol style="list-style-type: none"> (1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy; (2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records 42 C.F.R. Part 2 (June 9, 1987) and the security and privacy of HIPAA, 45 C.F.R Parts 160 and 164 (April 17, 2003); (3) The proper maintenance and handling of client case records; (4) The agency's philosophical approach to treatment and the agency's goals; (5) The procedures to follow in the event of a medical emergency or natural disaster; (6) The specific job descriptions and responsibilities of employees; (7) The agency's policies and procedure manual maintained in accordance with § 67:61:04:01; and (8) The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8. |
| Area of Noncompliance: The orientation was not signed within 10 working days after employment and some of the items were missing on the orientation sheet. | |
| Corrective Action (policy/procedure, training, environmental changes, etc): We have incorporated new protocol for new employees this will include all paperwork that ABC has utilized with its staff. | Anticipated Date Achieved/Implemented: Date 5/1/2020 |
| Supporting Evidence: Packet attached. | Position Responsible: Executive Director and admin assistant |
| How Maintained: Packet will be utilized for all hired staff | Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/> |

| Administrative POC-2 | |
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| Rule #: 67:61:05:01 | Rule Statement: Each new SUD staff, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period prior to the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period prior to employment can be considered an adequate baseline test. Skin testing or |

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| | TB blood assay tests are not necessary if documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not necessary if documentation is provided of a previous positive reaction to either test. In review of the personnel files | |
| Area of Noncompliance: In the review of the personnel files, two out of two files reviewed the TB was not completed within 14 days of hire. | | |
| Corrective Action (policy/procedure, training, environmental changes, etc): handbook will state that all employees need to have a TB test prior to starting employment at New Dawn Center. | | Anticipated Date Achieved/Implemented: Date 5/1/2020 |
| Supporting Evidence: handbook | | Position Responsible: Executive Director and Administrative assistant |
| How Maintained: files will be check and staff will produce two step when hired | | Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/> |

| Client Chart POC-1 | | |
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| Rule #: Contract Attachment and Annual Division Memo | Rule Statement: Annual Financial Eligibility and Means Testing forms need to be completed, if applicable | |
| Area of Noncompliance: Six out eight charts used the wrong year (2018) on the financial eligibility form. | | |
| Corrective Action (policy/procedure, training, environmental changes, etc): updated new financial and it will be included in all files including current ones of clients who are at the New Dawn Property | | Anticipated Date Achieved/Implemented: Date 5/1/2020 |
| Supporting Evidence: N/A financial info was already implemented in Jan 2020 | | Position Responsible: New Dawn Administrative assistant. |
| How Maintained: QA of files when closed and at admit time | | Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/> |

| Client Chart POC-2 | | |
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| Rule #: 67:61:07:07 | Rule Statement: 1. Continued Service Criteria. The program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if: a. The client is making progress but has not yet achieved the goals articulated in | |


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| | <p>the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or</p> <p>b. The client is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or</p> <p>c. New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively.</p> |
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Area of Noncompliance:

In review of the Continued Service Criteria, five out of eight charts did not have the progress and reasons for retaining the client in the present level of care.

In addition, six out of eight charts reviewed did not have an individualized plan in the continued service criteria.

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| <p>Corrective Action (policy/procedure, training, environmental changes, etc): We will have a training with clinical staff regarding the CSR and how we need to include the individualized plan in the file. Will be completed on 5/6/20</p> | <p>Anticipated Date Achieved/Implemented:</p> <p>Date 5/6/2020</p> |
| <p>Supporting Evidence: N/A</p> | <p>Position Responsible: Clinical Staff</p> |
| <p>How Maintained: files will be completed per regulation as reviewed by QA report from ABC</p> | <p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/></p> |

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| <p> Kara Grauman LAC, CPS, MS</p> <p>Program Director Signature:</p> | <p>Date: 5/1/2020</p> |
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Please email or send Plan of Correction to:

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